



CITY MA DATE PERMIT #

JOB SITE ADDRESS OWNER'S NAME

OWNER ADDRESS TEL FAX

OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

INSURANCE COVERAGE:

FAX CELL EMAIL

ROUGH PLUMBING INSPECTION NOTES

[illegible]

BELOW FOR OFFICE USE ONLY

Yes ☐

No ☐

THIS APPLICATION SERVES AS THE PERMIT

FEE: \$ _____ PERMIT # _____

PLAN REVIEW NOTES

[illegible]

FINAL INSPECTION NOTES

[illegible]